PTO/SB/22 (09-05)
Approved for use through 03/31/2007, 07/80 655 1/031
U.S. Patient and Trademark Office; U.S. DEPARTIMENT OF COMMERCE
Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of Information unless If displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)					Docket Number (Optional)	
FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)					DWH-1	1802/29
Application Number 10/640,089-Conf. #7656			Filed August 13, 2003			
For METHODS AND APPARATUS FOR ENSURING UNIFORM BUILD QUALITY DURING OBJECT CONSOLIDATION						
Art Unit 1734				Examiner	J. D. Sells	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):						
	X X	One mor	nth (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	\$ 60.00
		Two mor	nths (37 CFR 1.17(a)(2))	\$450	\$225	\$
		Three m	onths (37 CFR 1.17(a)(3))	\$1020	\$510	\$
		Four mo	nths (37 CFR 1.17(a)(4))	\$1590	\$795	\$
		Five mor	nths (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
x	App	lcant clair	ns small entity status. See 37	CFR 1.27.		
	A check in the amount of the fee is enclosed.					
x	Payment by credit card.					
	The Director has already been authorized to charge fees in this application to a Deposit Account,					
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment Deposit Account Number 07-1180 I have enclosed a duplicate copy of this sheet.						any overpayment, to of this sheet.
am the applicant/inventor.						
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
		×	attorney or agent of record. F	Registration Number	37,424	<u></u>
attorney or agent under 37 CFR 1.34.						
Registration number if acting under 37 CFR 1.34						<i>- ·</i>
				February 22, 2007		
Signature Date						ite
-	√ohn G. Posa Typed or printed name				(734) 913-9300	
Telephone Number NOTE: Signatures of all the inventors or assignous of record of the entire interest or their representative(s) are required. Submit multiple forms if mo						
than one signature is required, see below.						
Total of forms are submitted.						